

**Alabama Medicaid Agency
Pharmacy and Therapeutics Committee**

**Date of Meeting: Wednesday August 7, 2019
Preferred Drug List Final**

AHFS Drug Class Re-reviewed: FIRST GENERATION ANTIHISTAMINES

AHFS Drug Class Re-reviewed: ESTROGENS

AHFS Drug Class Re-reviewed: ANTIDIABETIC AGENTS

Subclasses Reviewed

**Alpha-Glucosidase Inhibitors
Amylinomimetics
Biguanides
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors
Incretin Mimetics
Insulins
Meglitinides
Sodium-glucose Cotransport 1 Inhibitors
Sodium-glucose Cotransport 2 Inhibitors
Sulfonylureas
Thiazolidinediones
Antidiabetic Agents, Miscellaneous**

**AHFS Drug Class Re-reviewed: MULTIVITAMIN PREPARATIONS;
PRENATAL VITAMINS**

**AHFS Drug Class Re-reviewed: IMMUNOMODULATORY AGENTS USED TO
TREAT MULTIPLE SCLEROSIS**

AHFS Drug Class Reviewed: ANTIGOUT AGENTS

First Generation Antihistamines

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

KARBINAL ER
RYCLORA
RYVENT

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Estrogens

PREFERRED GENERIC

All covered products

PREFERRED BRAND

PREMARIN (TABLET)
PREMPRO

NON-PREFERRED BRAND or PA GENERIC

ACTIVELLA*
ALORA*
AMABELZ*
ANGELIQ
CLIMARA*
CLIMARA PRO
COMBIPATCH
DELESTROGEN*
DEPO-ESTRADIOL
DIVIGEL
DUAVEE
ELESTRIN
ESTRACE*
ESTRING
EVAMIST
FEMHRT*
FEMRING
JEVANTIQUE*
JINTELI*
MENEST
MENOSTAR
MIMVEY*
MINIVELLE*
PREFEST
PREMARIN (CREAM AND
INJECTION)
PREMPHASE
VAGIFEM*
VIVELLE-DOT*

*Denotes generic available in at least one dosage form or strength
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Alpha-Glucosidase Inhibitors

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

PRECOSE*
GLYSET*

*Denotes generic available in at least one dosage form or strength
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Amylinomimetics

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

SYMLINPEN

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Biguanides

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

FORTAMET*
GLUMETZA*
metformin ER (generic
Fortamet and Glumetza)
RIOMET

*Denotes generic available in at least one dosage form or strength
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Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

PREFERRED GENERIC

All covered products

PREFERRED BRAND

JANUMET
JANUMET XR
JANUVIA
JENTADUETO
KOMBIGLYZE XR
ONGLYZA
TRADJENTA

NON-PREFERRED BRAND or PA GENERIC

alogliptin
alogliptin-metformin
alogliptin-pioglitazone
JENTADUETO XR
KAZANO*
NESINA*
OSENi*

*Denotes generic available in at least one dosage form or strength
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Incretin Mimetics

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ADLYXIN
BYDUREON
BYETTA
OZEMPIC
TRULICITY
VICTOZA

*Denotes generic available in at least one dosage form or strength
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Insulins

PREFERRED GENERIC and OTCs

All covered products

PREFERRED BRAND

HUMALOG MIX
HUMULIN N
HUMILIN R
HUMULIN 70/30
LANTUS
LEVEMIR
NOVOLIN N
NOVOLIN R
NOVOLIN 70/30
NOVOLOG
NOVOLOG MIX 70/30

NON-PREFERRED BRAND or PA GENERIC

ADMELOG
AFREZZA
APIDRA
BASAGLAR
FIASP
HUMALOG
HUMULIN R 500
INSULIN LISPRO
SOLIQUA
TOUJEO
TRESIBA
XULTOPHY

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Meglitinides

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

PRANDIN*
STARLIX*

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Sodium-glucose Cotransport 1 Inhibitors

PREFERRED GENERIC

NO CURRENT AGENTS

PREFERRED BRAND

N/A

NON-PREFERRED BRAND or PA GENERIC

N/A

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Sodium-glucose Cotransport 2 Inhibitors

PREFERRED GENERIC

All covered products

PREFERRED BRAND

FARXIGA
INVOKAMET
INVOKANA
JARDIANCE

NON-PREFERRED BRAND or PA GENERIC

GLYXAMBI
INVOKAMET XR
QTERN
SEGLUROMET
STEGLATRO
STEGLUJAN
SYNJARDY
SYNJARDY XR
XIGDUO XR

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Sulfonylureas

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

AMARYL*
GLUCOTROL*
GLUCOTROL XL*
GLYNASE*

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Thiazolidinediones

PREFERRED GENERIC

All covered products

PREFERRED BRAND

ACTOS*

NON-PREFERRED BRAND or PA GENERIC

ACTOPLUS MET*
AVANDIA
DUETACT*

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Antidiabetic Agents, Miscellaneous

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

KORYLM

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Multivitamin Preparations: Prenatal Vitamins

PREFERRED GENERIC

All covered products

PREFERRED BRAND

CITRANATAL 90 DHA*
CITRANATAL ASSURE*
CITRANATAL B-CALM
CITRANATAL BLOOM
CITRANATAL DHA
CITRANATAL HARMONY
CITRANATAL RX

NON-PREFERRED BRAND or PA GENERIC

CONCEPT DHA*
CONCEPT OB*
ENBRACE HE
NESTABS*
NESTABS ABC
NESTABS DHA
NESTABS ONE
NEXA PLUS
OB COMPLETE*
OB COMPLETE ONE
OB COMPLETE PETITE
OB-COMplete PREMIER
OB COMPLETE WITH DHA
PREFERA OB
PREFERA OB ONE
PREFERA-OB PLUS DHA
PRENATE
PRENATE AM
PRENATE DHA
PRENATE ELITE
PRENATE ENHANCE
PRENATA ESSENTIAL
PRENATE MINI
PRENATE PIXIE
PRENATE RESTORE
PRENATE STAR
PRIMACARE
PROVIDA DHA
PROVIDA OB
SELECT-OB
SELECT-OB + DHA
THRIVITE RX*
TRISTART DHA
TRICARE
VINATE II
VINATE CARE
VINATE DHA RF
VINATE-M*
VITAFOL FE + DOCUSATE
VITAFOL GUMMIES
VITAFOL NANO

continued on next page

*Denotes generic available in at least one dosage form or strength
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Multivitamin Preparations: Prenatal Vitamins continued

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NON-PREFERRED BRAND or PA GENERIC

VITAFOL-OB
VITAFOL-OB+DHA
VITAFOL-ONE
VITAFOL ULTRA

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Immunomodulatory Agents used to treat Multiple Sclerosis

PREFERRED GENERIC

All covered products

PREFERRED BRAND

AUBAGIO
BETASERON
COPAXONE*
GILENYA
REBIF
TYSABRI

NON-PREFERRED BRAND or PA GENERIC

AVONEX
AVONEX PEN
EXTAVIA
GLATOPA (glatiramer generic)
OCREVUS
PLEGRIDY
REBIF REBIDOSE
TECFIDERA

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ANTIGOUT AGENTS

PREFERRED GENERIC

All covered products

PREFERRED BRAND

MITIGARE*

NON-PREFERRED BRAND or PA GENERIC

ALOPRIM*
colchicine tablets (generic)
COLCRYS*
KRYSTEXXA
ULORIC*
ZYLOPRIM*

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